

10/18/1999
01 FC:231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR §1.16(c) or (j))	20 -20=	-0-	x \$ _____ =	\$ _____
	INDEPENDENT CLAIMS (37 CFR §1.16(b) or (j))	2-3=	-0-	x \$ _____ =	\$ _____
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	\$0
				BASIC FEE (37 CFR § 1.16)	\$760.00
	Total of above Calculations =				\$760.00
	Reduction by 50% for filing by small entity (Note 37 CFR §§ 1.9, 1.27, 1.28).				\$380.00
	TOTAL =				\$380.00

6. Small entity status:
- ☐ A small entity statement is enclosed.
 - ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
 - ☐ is no longer claimed.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 07-1853.
- ☒ Fees required under 37 C.F.R. § 1.16.
 - ☒ Fees required under 37 C.F.R. § 1.17.
 - ☐ Fees required under 37 C.F.R. § 1.18.
8. ☒ A check in the amount of \$380.00 for the filing fees is enclosed, and a check in the amount of \$190.00 for the extension fee is enclosed.
9. ☐ New Attorney Docket Number, if desired _____
10. a. ☐ Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
11. ☒ Other: General Authorization/Request to Petition for Extension of Time and a Petition for 2-month extension of time

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

12. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attached bar code label here)	or <input type="checkbox"/> New correspondence address below	
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	

13. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

NAME	Stefan J. Kirchanski
SIGNATURE	<i>Stefan J. Kirchanski</i>
Registration No. (Attorney/Agent)	36,568
DATE	October 14, 1999